



Golden Retreat For K9's Inc.  
496 Viewtown Road  
Amissville, VA 20106  
540.937.4465 - 540.937.6445 fax

Owner's Name Last: \_\_\_\_\_ First \_\_\_\_\_ Co-owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Co-owner: \_\_\_\_\_

Emergency Number other than above (someone that is NOT with you): \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is home owned or rented? \_\_\_\_\_

If rented provide landlord name and contact number: \_\_\_\_\_

Security Alarm Provider and contact information: \_\_\_\_\_

Notify alarm provider that GR4K9S will be authorized to be on premises.

How did you hear about Golden Retreat? \_\_\_\_\_

By signing this contract you are authorizing GR4K9S to be on your property. You are also authorizing any needed veterinarian care. Prior arrangements must be made with your veterinarian for payment.

This Contract contains the entire agreement between the parties. All terms and conditions of this contract shall be binding on the heirs, administrators, personal representatives, and assigns of the owner agent and Golden Retreat For K9's LLC (GR4K9S).

The owner/agent agrees to pay the rate for in home care as agreed on. Price is per visit to the home. Owner/agent further agrees that charges are to be paid in full on the pick up date. Returned checks will be charged \$35 fee plus all collection costs.

GR4K9S shall exercise reasonable care for the pets. GR4K9S is not reasonable if the pet leaves the property.

If your pet(s) becomes ill or injured while in the care of GR4K9S, GR4K9S shall provide the pet(s) with veterinary treatment for the illness or injury. The owner shall bear the responsible and necessary costs of treatment for any illness or injury occurring while the pet(s) is in the care of GR4K9S.

Any controversy or claim arising out of or relating to this contract, or breach thereof shall be settled by arbitration in accordance with the rules of the American Arbitration Association, and judgment upon the award rendered by arbitrator may be entered in any court having jurisdiction thereof. The arbitrator shall, as part of his award, determine an award to the prevailing party of the costs of such arbitration and reasonable attorney's fees of the prevailing party.

By signing below you are in agreement of this contract and providing all accurate information below on the following pages.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Information:

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Feeding Instructions:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

Medicine Instructions:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

List any medical issues with the pet: \_\_\_\_\_

Pet Information:

Name: \_\_\_\_\_

Species: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Feeding Instructions:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

Medicine Instructions:

AM: \_\_\_\_\_

PM: \_\_\_\_\_

List any medical issues with the pet: \_\_\_\_\_

**Please print additional pet information pages if needed.**